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maintenance fee notificatio		The wast at Block 1, by		•	, and/or (o) mureating a sep		
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005487 7.	590 09/28/	/2006	116				
ROSS J. OEHLER SANOFI-AVENTIS U.S. LLC 1041 ROUTE 202-206 MAIL CODE: D303A				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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				(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R.	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/695,919	10/26/2000		Martin Gerl		02481.1704	4319	
TITLE OF INVENTION: NEW IMMUNOLOGIC ASSAY TO DETERMINE C-PEPTIDE CONTAINING IMPURITIES IN SAMPLES OF HUMAN INSULIN AND DERIVATIVES THEREOF							
APPLN, TÝPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$ 0	\$1400	12/28/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
CHEU, CHANGHWA J		1641	435-007920				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a							
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered afformey or 2 registered patent att listed, no name will b	istered attorney or agent) and the names of up to ristered patent attorneys or agents. If no name is 1, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Sanofi-Aventis Deutschland GmbH, Frankfurt, Germany							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above the feether of the feether o						hown above)	
Sissue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of	Copies		rd. Form P1O-2038 y authorized to chargosit Account Number	is attached. The required fee(s), any del Conclose ar	ficiency, or credit any		
5. Change in Entity Status							
U a. Applicant claims Si			b. Applicant is no lo	iger claiming SMAL	L ENTITY status. See 37 CF	R 1.27(g)(2).	
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Authorized Signature	<u>[]</u> [][][][][][][][][][][][][][][][][][]	13/06					
Typed or printed name Mark C. Nelligary Registration No. 36, 389							
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